

Rutherford County Income and Expense Questionnaire for Hospitality Properties for Year 2013

Property Type: (Full/Ltd., Service, Extended Stay, etc.) _____

Property Address: _____

Project Name: _____

Parcel _____ Acct # _____ Total Number of Rooms: _____

Total Number of Rooms
Out of Service for 2012: _____ In Room Nights

Total Number of Room Nights: _____

Gross Area of Meeting/Conference Facilities: _____

Capacity of Meeting/Conference Facilities: _____

Average Daily Room Rate Achieved in 2012: _____

Percentage of Occupancy Achieved in 2012: _____

Projected Average Daily Room Rate for 2012: _____

Average Room Rates Achieved in 2012:

Single Double Group

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2012 REVENUES

- | | | |
|---|---------------------------|-------|
| 1 | Rooms | _____ |
| 2 | Food & Beverage | _____ |
| 3 | Entertainment | _____ |
| 4 | Vending | _____ |
| 5 | Meeting/Conference Rental | _____ |
| 6 | Other | _____ |
| 7 | Other | _____ |

2012 EXPENSES

- | | | |
|---|---------------------------|-------|
| 1 | Property Management Fee | _____ |
| 2 | Accounting and Legal Fees | _____ |
| 3 | Repairs and Maintenance | _____ |
| 4 | Interior Painting | _____ |
| 5 | Trash Removal | _____ |
| 6 | Lawn Care - Landscaping | _____ |
| 7 | Pest Control | _____ |
| 8 | Salaries & Wages | _____ |
| 9 | Contract Cleaning | _____ |

Management Firm or Agent

Does the Management Firm or Agent have an ownership interest in the property?

Yes _____ No _____
If yes, please attach explanation

Management Firm/Agent Contact Information

Are Operating Expenses paid to any person(s) with an ownership interest?

Yes _____ No _____
If yes, please attach explanation

How are Franchise Fees Calculated?

How are Management Fees Calculated?

Attach explanation if necessary

- 10 Laundry, Linen & Guest Supplies _____
- 11 Commissions _____
- 12 Franchise Fee _____
- 13 Utilities _____
- 13a Electric _____
- 13b Water/Sewer _____
- 13c Gas _____
- 14 Property Taxes _____
- 15 Capital Improvements _____
- 16 Annual Property Insurance _____

Please return the completed form to:
 Rutherford County Property Assessor Office
 Attn: John Shearron
 319 North Maple Street Suite 200
 Murfreesboro, TN 37130
 or via email at the following: jshearron@rutherfordcounty.org

Comments, explanations or any supporting data can be attached to this form and submitted.

Attach Project Description

**LONG LIVED ITEMS THAT
HAVE BEEN REPLACED**

COST NEW

**YEAR ITEM
REPLACED**

- 12 Roof Cover _____
- 13 Furniture _____
- 14 Heat & Cool Systems _____
- 15 Floor Cover _____
- 16 Plumbing Fixtures _____
- 17 Hot Water Heaters _____
- 18 Exterior Painting _____

Restaurant

Comp Breakfast Offered?

Yes _____ No _____

Number and Type of restaurant(s) _____

Seating Capacity _____

If restaurant is leased:

Lease Term _____

Annual Rent _____

Seating Capacity _____

Attach lease if necessary

Please Indicate the Following

Year Purchased: _____

Purchase Price: _____

Year Built: _____

Construction Cost: _____

Management Firm: _____

Phone: _____

Address: _____

Date: _____

All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Title: _____

Print Name: _____

Signature: _____